## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

PO 7760/Left 36,336

| -   |  | CLAIMS AS                                 | S FILED - I<br>(Column              | (Column 2)            |                              | _                                    | SMALL ENTITY TYPE |            | OR                     | OTHER THAN OR SMALL ENTITY |                     |                        |
|---|--|---|-------------------------------------|-----------------------|------------------------------|--------------------------------------|-------------------|------------|------------------------|----------------------------|---------------------|------------------------|
| TC  | TAL CLAIMS                                     |   | 9                                   |                       |                              |                                      |                   | RATE       | FEE                    | ĺ                          | RATE                | FEE                    |
| FOR NUM   |  |   |                                     | ILED                  | NUMBER EXTRA                 |                                      | Ī                 | BASIC FEE  | 375.00                 | OR                         | BASIC FEE           | 750.00                 |
| то  | TAL CHARGEA                                    | BLE CLAIMS                                | 9 minus 20=                         |                       | * 0                          |                                      |                   | X\$ 9=     |                        | OR                         | X\$18=              | 0                      |
| INDEPENDENT CLAIMS  |  |   | / minus 3 =                         |                       | * 0                          |                                      |                   | X42=       |                        | OR                         | X84=                | 0                      |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                                     |                       |                              |                                      | Ì                 | +140=      |                        | OR                         | +280=               | 0                      |
| * If the difference in column 1 is less than zero, ente                               |  |   |                                     |                       | r "0" in c                   | olumn 2                              | L                 | TOTAL      |                        | OR                         | TOTAL               | 257)                   |
| CLAIMS AS AMENDED - PART  |  |   |                                     |                       |                              |                                      |                   |            |                        |                            | OTHER               | THAN                   |
|   |  | (Column 1)                                | (Colun                              |                       |                              | (Column 3)                           |                   | SMALL E    | NTITY                  | OR                         | SMALL               |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA                     |                   | RATE       | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                               | **                    |                              | =                                    |                   | X\$ 9=     |                        | OR                         | X\$18=              |                        |
| AME   | Independent                                    | *   | Minus                               | ***                   |                              | =                                    |                   | X42=       |                        | OR                         | X84=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                     |                       |                              |                                      |                   | +140=      |                        | OR                         | +280=               |                        |
| TOT.<br>ADDIT. FE   |  |   |                                     |                       |                              |                                      |                   |            |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
|   |  | ,   | 40011. FEE (                        |                       |                              | ADDII. 1 C.L.                        |                   |            |                        |                            |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                     |                   | RATE       | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                               | **                    |                              | =                                    |                   | X\$ 9=     |                        | OR                         | X\$18=              |                        |
| AME   | Independent                                    | *   | Minus                               | ***                   | T CL AINA                    | =                                    | ┦┃                | X42=       |                        | OR                         | X84=                |                        |
| ┞   | FIRST PRESENTATION OF MULTIPLE DEPENDENT       |   |                                     |                       | CLAIN                        |                                      | ╵                 | +140=      |                        | OR                         | +280=               |                        |
|   | ADI  |   |                                     |                       |                              |                                      |                   |            |                        | OR                         | TOTAL<br>ADDIT, FEE |                        |
|   | (Column 1) (Column 2) (Column 3)               |   |                                     |                       |                              |                                      |                   |            |                        |                            |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | NUM<br>PREVI          | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                     |                   | RATE       | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON   | Total  | *   | Minus                               | **                    |                              | =                                    | ╽                 | X\$ 9=     |                        | OR                         | X\$18=              |                        |
| ME  | Independent                                    | *   | Minus                               | ***                   |                              | =                                    | ] ]               | X42=       |                        | OR                         | X84=                |                        |
| ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDEN        |   |                                     |                       | T CLAIN                      |                                      |                   |            |                        |                            |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                     |                       |                              |                                      |                   |            |                        |                            | +280=               |                        |
| **  | * If the "Highest Nu<br>™If the "Highest No    | umber Previously F<br>umber Previously F  | Paid For" IN THI<br>Paid For" IN TH | S SPACE<br>IS SPACE   | is less the                  | an 20, enter "20<br>an 3, enter "3." |                   | ADDIT. FEE |                        | OR                         | ADDIT. FEE          |                        |